



USC University of
Southern California

Attention Students:

If you have **not** registered for the OT-589 course,
please do so now on your phone through the
University's web registration portal.

Thank you



USC University of
Southern California

Welcome to the
OT-589
Interprofessional Education and Collaboration for Geriatrics
(IECG) Course Orientation

Friday, September 8, 2023
1:30 p.m. – 4:30 p.m.

Interprofessional Education and Collaboration for Geriatrics (IECG)



This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1QHP28740, Geriatrics Workforce Enhancement Program for \$3.5 million. This information or content and conclusions are those of the author and should not be construed as the official position or policy or, nor should any endorsements be inferred by, HRSA, HHS or the U.S. Government.

IECG Orientation Agenda

1:35 pm – 1:50 pm	Welcome, Team Introduction, Facilities, Breakout Rooms	Cheryl Resnik
1:50 pm – 2:05 pm	Course Overview	Mitzi D'Aquila
2:05 pm – 2:15 pm	Course Expectations	Christopher Beam
2:15 pm – 2:35 pm	4Ms Framework for Geriatrics, Healthy Aging and Video	Jo Marie Reilly Tatyana Gurvich
2:35 pm – 2:40 pm	Break	
2:40 pm - 3:10 pm	Team Building Activity	Cheryl Resnik Freddi Segal-Gidan
3:10 pm - 3:30 pm	Building Relationships	Ashley Halle Dawn Joosten-Hagye
3:30 pm 3:45 pm	Housing Site Presentations	Karina Barragan Kiara
3:45 pm – 4:30 pm	Team Discussion, Closing, and Questions	All Faculty

IECG Team Introduction

Professor Cheryl Resnik

Meet the IECG Team



Christopher Beam, Ph.D.
Assistant Professor of Psychology
and Gerontology



Andrea Coyoy
IECG Project Assistant



Mitzi D'Aquila, MACM, PA-C
Physician Assistant Program Director
and Clinical Assistant Professor



Isabel Edge, MD
Clinical Assistant Professor of Family
Medicine Clinician Educator



Ilana Greenberg, MPH
Primary Care Initiative Manager



**Tatyana Gurvich, Pharm.D., BCGP,
APh**
Associate Professor Of Clinical
Pharmacy



Ashley Halle, OTD, OTR/L, CAPS
Associate Professor of Clinical
Occupational Therapy



Suh Chen Hsiao, DPPD, MSW, PPSC, LCSW
Associate Professor of Social Work
Practicum Education

Meet the IECG Team



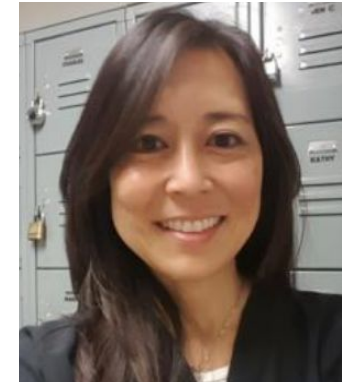
Dawn Joosten-Hagye, PhD, LCSW, GC-C
Teaching Professor of Social Work



Carolyn Kaloostian, MD, MPH, FAAFP
Associate Clinical Professor of
Family Medicine



Bruna Martins-Klein, PhD.
Assistant Professor
Clinical Psychology



Jennifer Okuno, MPT, GCS
Assistant Professor of Clinical
Physical Therapy



M. Christina Penate, MFT
Research Project Manager



Chloe Powell, DMSc, PA-C
Clinical Assistant Professor of
Family Medicine



Jo Marie Reilly, MD, MPH, FAAFP
Professor of Clinical Family Medicine



Cheryl Resnik, PT, DPT, FNAP, FAPTA
Professor of Clinical Physical Therapy

Meet the IECG Team



Freddi Segal-Gidan, PA, PhD
Associate Professor Clinical Neurology
and Family Medicine



Michael S. Simpson, PT, DPT, CCS
Associate Professor of Clinical
Physical Therapy



Janinne Solorza
Administrative Budget Assistant



Bari Turetzky
Associate Professor of Clinical
Occupational Therapy

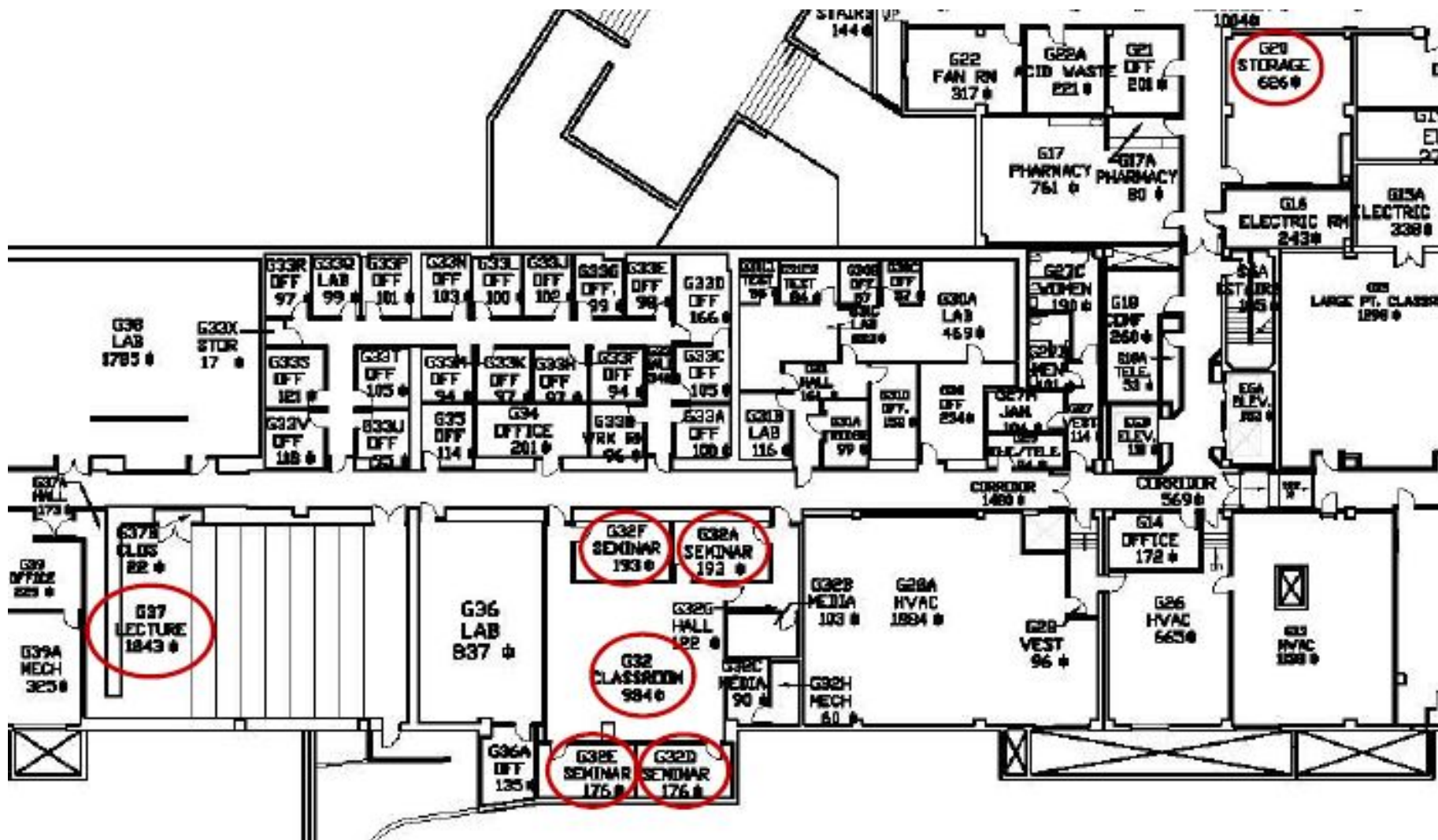


Patrick Tabon, PharmD, MPH, BCPS BCGP, BCACP
Assistant Professor of Clinical Pharmacy



Sandra Vasquez, MSPM
Project Specialist

Ground Floor Map



Teams 1-4 G37
Teams 5-10 G32
Teams 11-12 G20

First Floor Map



Team 13 142
Team 14 102
Team 15 147E

Course Overview

Professor Mitzi D'Aquila

Course Description

- Provides students with interprofessional (IP) clinical training in the care of an independently living, community –based older adult
- Focuses on the critical role of collaborative health for the maximal well-being of a person

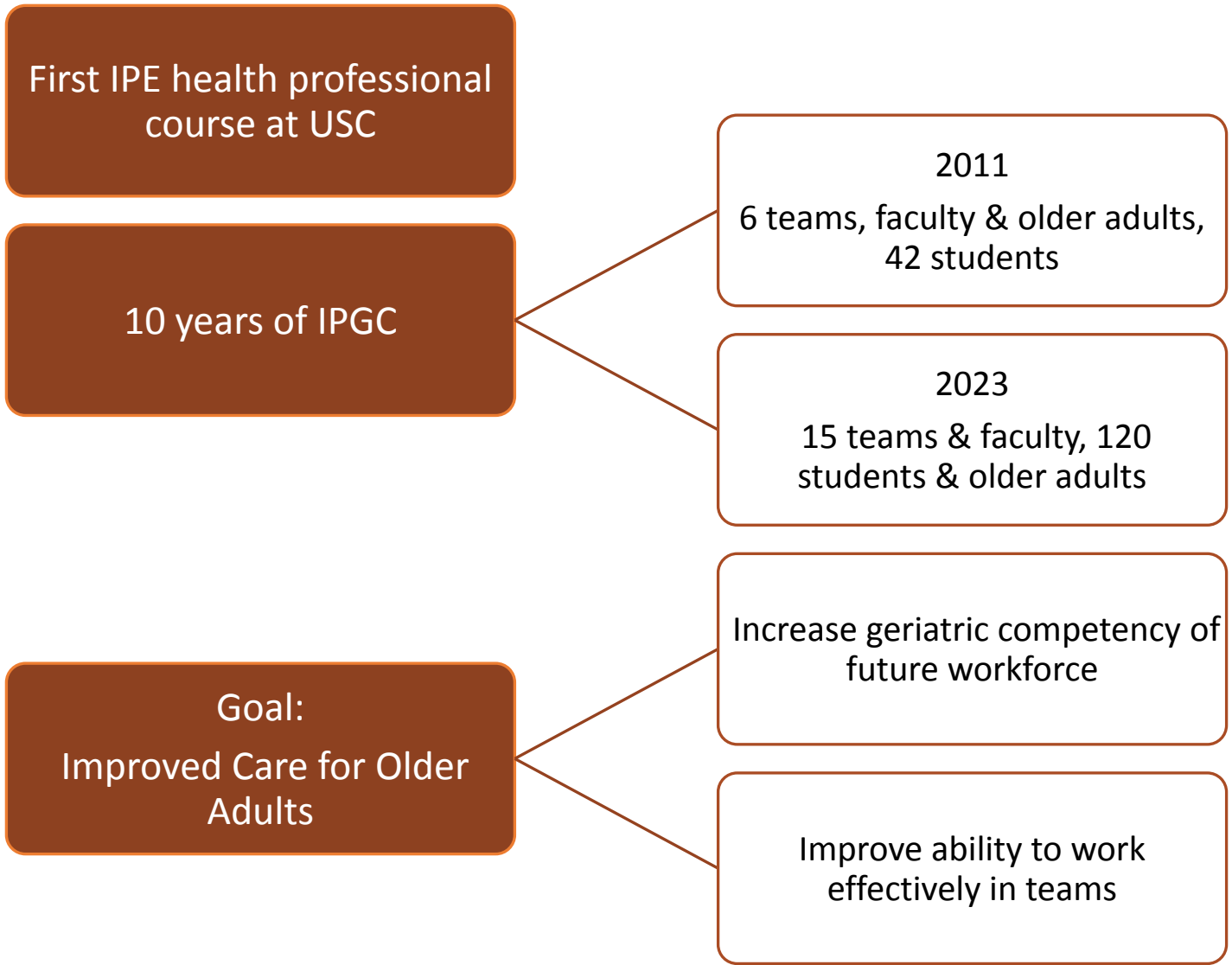


IECG Course Sessions

The IECG course will meet in person for six sessions on Friday afternoons over the academic year.

- Friday, September 8, 2023 1:30 pm – 4:30 pm
- Friday, October 20, 2023 1:30 pm – 4:30 pm
- Friday, November 10, 2023 1:30 pm – 4:30 pm
- Friday, December 1, 2023 1:30 pm – 4:30 pm
- Friday, January 19, 2023 1:30 pm – 4:30 pm
- Friday, February 23, 2023 1:30 pm – 4:30 pm





Course Content & Structure

Geriatrics: Care of Older Adult (4 Ms)

- What Matters,
- Medication,
- Mentation,
- Mobility
- Knowledge, Skills, & Tools

IPE Team

- Roles & responsibilities
- Overlapping and complementary
- Collaborative practice
- Communication

IECG Schedule 2023-2024

IECG Timeline: 1:30pm - 4:30pm

- Interprofessional (IP) large group faculty/student didactic discussion
- IP small team meetings
- Sessions end with final comments with team leads



IECG gives you the chance to explore being part of an interprofessional team and learn and share your discipline's skills and others' skills in caring for an older adult

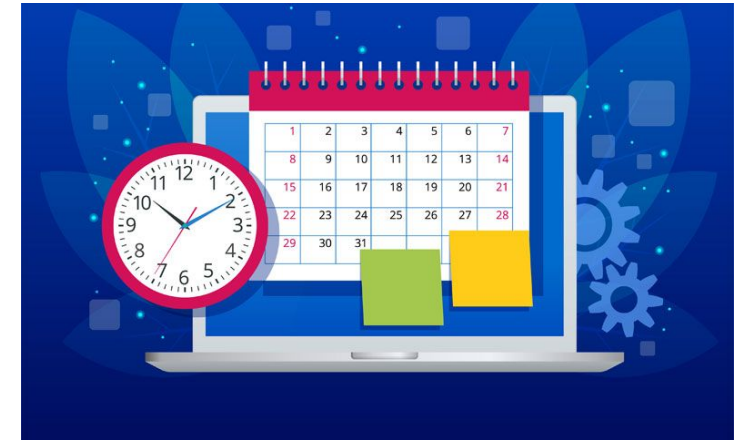


Course Expectations

Professor Christopher Beam

Student Expectations

- With your IECG Partner
 - Coordinate a time that you and your partner will talk to your volunteer
 - Communicate with your partner
 - Ask questions of one another
- With your Older Adult Volunteer
 - Establish a time that you will speak each week
 - Respect theirs and your privacy
 - Be curious about their lives
 - Ask open-ended questions to allow them to share their story



Student Expectations

- In IECG Sessions (“Big Group”)
 - Get to know someone outside of your discipline
 - Formulate one question per lecture
 - Silence your phone and put away
 - Show up on-time
- With your IECG Team
 - Collaborate
 - Be willing to share your knowledge & learn from others
- In your discipline
 - Complete your reflections on-time
 - Complete requirements (e.g., group supervision in Psychology)



IECG Website & Resources

- GWEP website:
 - <https://gwep.usc.edu/>
- Resources
 - <https://gwep.usc.edu/age-friendly-student-senior-connection-resources/>

USC Geriatrics Workforce
Enhancement Program (GWEP)


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Interprofessional Education and Collaboration for Geriatrics (IECG)

 [USC Professional Students](#)

 [USC Faculty](#)

Objective

Provide an interdisciplinary geriatric experience for USC interprofessional student healthcare teams to include: Medicine, Occupational Therapy, Pharmacy, Physical Therapy, Physician Assistant, Psychology, and Social Work students. The goal is for students to work in teams that include up to 3 students. An IP faculty mentor will facilitate Each IP team meeting, followed by a brief lecture on the fundamentals of geriatric care. Student teams will be paired with an older adult resident from one of the partnering community housing sites. This year, students will meet by phone and then transition to a virtual platform once per week for up to 30 minutes throughout the program. Students will utilize the Age-Friendly skills and assessment tools learned in the lectures and team meetings with their older adult partner during their weekly phone/virtual meetings. Students will then have an opportunity to meet in person with an older adult during session four. The program's overarching goal is for students

Keck School of Medicine of **USC**
Geriatric Healthcare Collective

Faculty Expectations

- Provide contact information for any volunteer needs that may arise.
- Get your team “unstuck” if uncertain about how to approach volunteer
- Be your first line of support if serious issues arises
 - Contact team leader first
 - Contact discipline leader(s) second
- Brainstorm how to initiate conversation with your volunteer
- Clarify questions that you might have about IECG



4Ms Framework for Geriatrics

Professor Jo Marie Reilly

Professor Tatyana Gurvich

Keck School of Medicine of **USC**

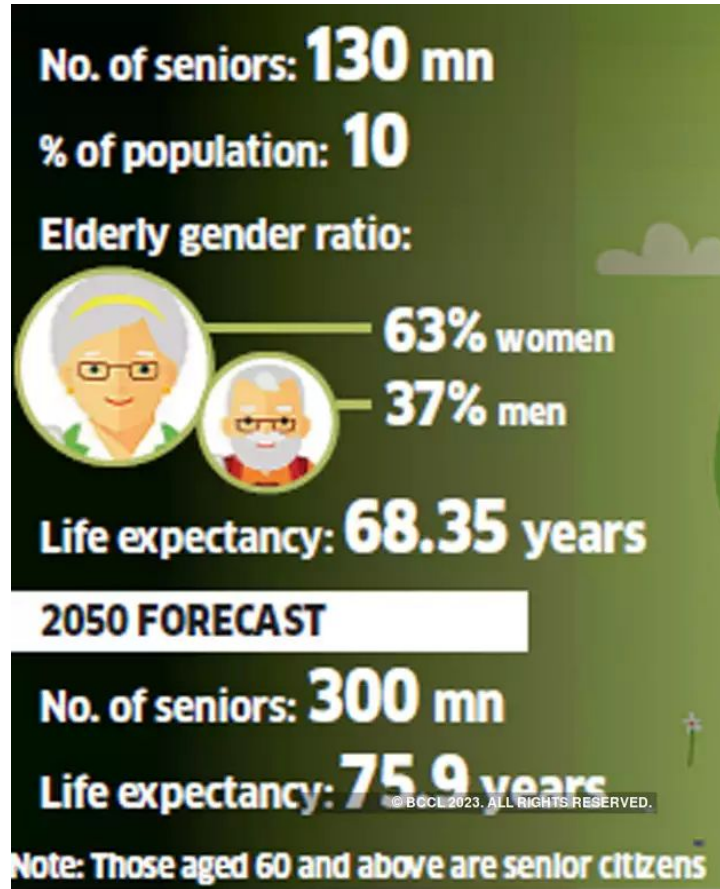
Geriatric Healthcare Collective

Who is an Older Adult? Aging in America

- **Who is An older Adult: “Young old” = 65-75; ”Old” = 75-85“Very old” > 85**
- About 52 million Americans are age 65 or older, according to the [Census Bureau’s 2018 population estimates](#).
- One quarter of these older Americans live in one of three states: California, Florida, and Texas.
- Seven other states—Georgia, Illinois, Michigan, New York, North Carolina, Ohio, and Pennsylvania—account for another one-quarter of Americans age 65 or older
- Need for health care workers who understand/trained to meet the health care needs of this population



The Elderly are a Vulnerable, Growing Population



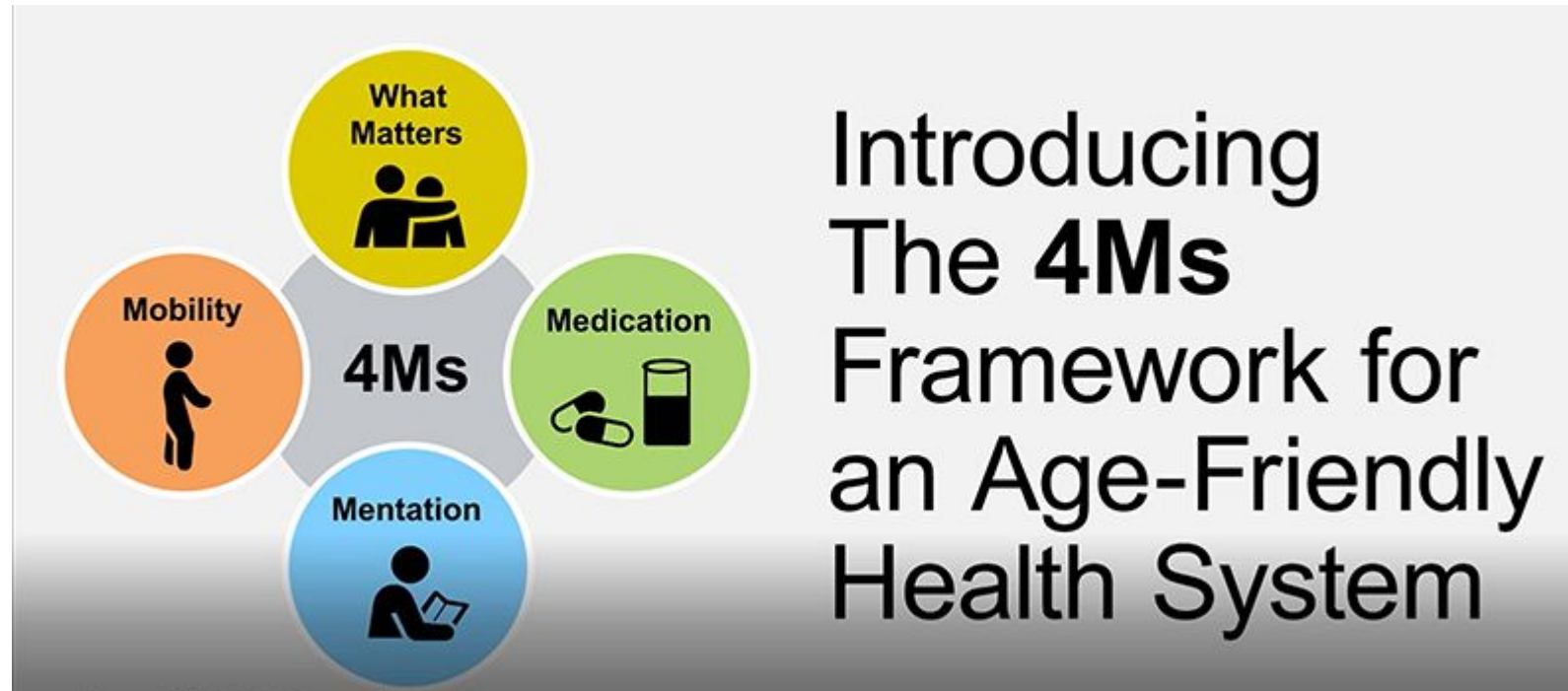
Our older adult population is growing. In 2025 is estimated to be 21% of the total USA population.

By 2025, 25% of the workforce will be older than 55 years of age.

There is a great deal of variability in the elderly; Such variability in needs require a variety of health professional skill sets to best support their needs

How to Best Meet Those Needs:

Age-Friendly Healthy System: The 4 “M’s”



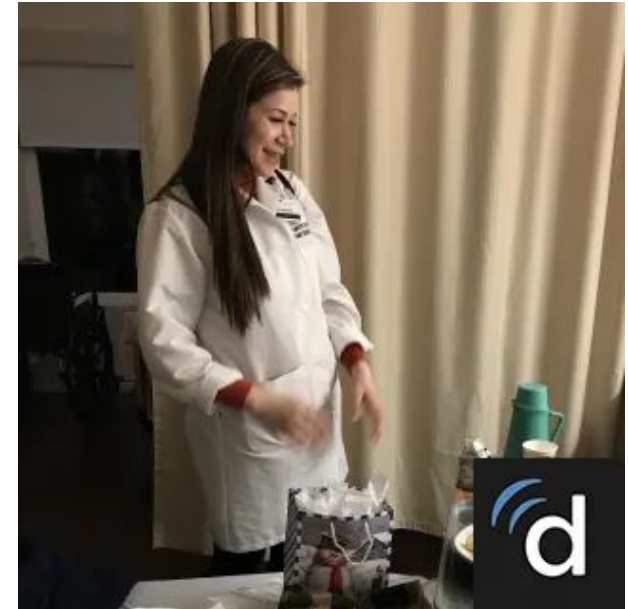
Video links here: 1 & 2

https://www.youtube.com/playlist?list=PLHWxeEqcNV7wNMrlab_mnvRruwEMGXMHm

Best Population Health strategy to care for older adults:

Inter-professional: Geriatric Team

- In 2007, the Institute of Medicine (IOM) charged the committee on the Future Health Care Workforce for Older Americans to determine the health care needs of the aging population .
- Primary findings: The need to train more health care providers in the basics of geriatric care.
- Also recommended: "Health care professionals should be required to demonstrate their competence in the care of older adults as a criterion for licensure and certification."



Training an Inter-Professional (IP) health professional (HP) workforce is key

- Interprofessional education is critical for older adult care
- Comprehensive team-based health professional care is best
- Holistic care best improves health outcomes
- Must establish IP health professional team-based training programs to improve student attitudes and promote professional practice with older adults



YOU ARE THE TEAM!

Objectives of IECG

Journey	Journey with an older adult over 6 months and develop a relationship with them through weekly phone conversations.
Understand	Understand the role of an inter-professional team in caring for an older adult.
Discuss	Discuss mobility, mentation, medication and “what matters” with an older adult and learn the corresponding assessment tools/resources
Develop	Develop skills through phone conversations about health and helping older adult access their health care.



5 Minute Break

Team Building Activity

Professor Cheryl Resnik

Professor Freddi Segal-Gidan

Paper Chain

Goal: Create the longest paper chain with the materials provided.

Longest chain = most consecutive links.

Team and Community Building

Professor Ashley Halle

Professor Dawn Joosten-Hagye

Stages of Team Development



Tuckman's Stages of Group Development

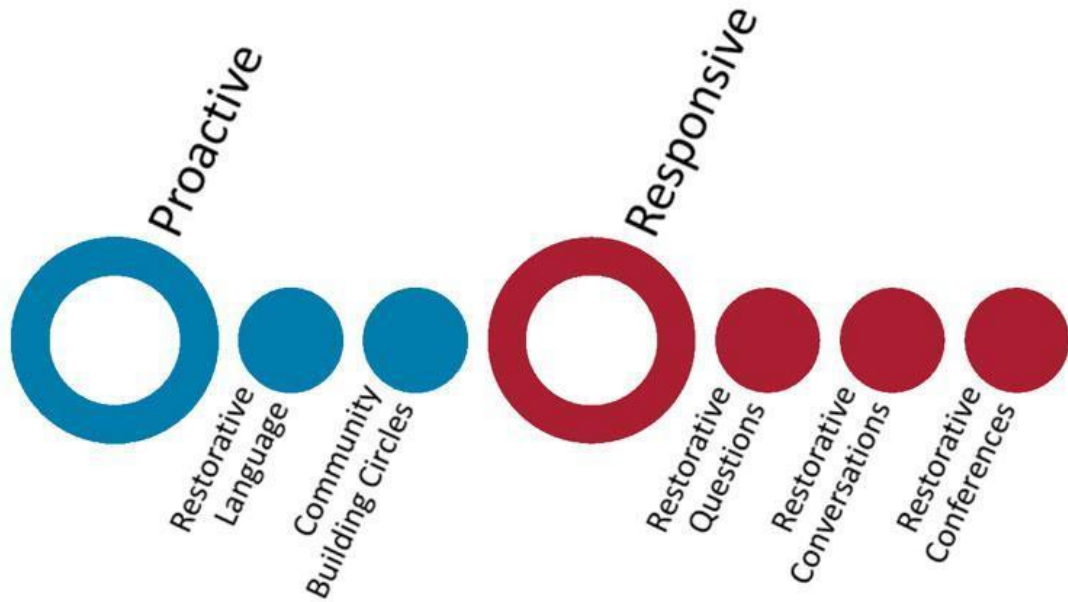


Community Building Circles

To further enhance our collaboration, partnership and reflective capacities, we will be embracing elements of circle processes in our small groups

(Amstutz & Mullet, 2015)

Restorative Practices



Restorative Practices support community building in a way that is inclusive and collaborative, validating everyone's experiences and needs, but especially those who have previously been marginalized

Community Building Circles

Circle processes are seen in indigenous and tribal cultures throughout the world and in history focused on maintaining equitable justice for the members of these communities

The circle, which has no beginning or end, symbolically illustrates that all present are valued as significant and that insights shared are held respectfully within the space



(Baile & Adamson, 2016, p. 78; Evans & Vaandering, 2016)

Community Building Circles

Purpose:

Honest communications

Relationship development

Community building

Create trust, reciprocity and belonging

Build connection, collaboration and mutual understanding



(Roca, Inc., 2004)

Circle Value



(Pranis, 2005)

Community Agreements

What's said here, stays here. What's learned here, leaves here.

Speak from the heart, stay present and listen fully.

Use “I” statements, be sincere, practice respectful honesty.

If you do not have anything to share, that is ok. You can say “pass”.

Do not share someone else's story without their consent.

Acknowledge emotions and discomfort.

Say just enough: speak one at a time; give others an opportunity to speak and do not dominate discussions.



How to Get Started - Communication Tips

- Avoid using medical jargon they may not understand
- Refrain from using “elderspeak”
- Use their name
- Ask one question at a time
- Give one direction at a time
- Speak slowly and clearly; ask older adult preferences
- Be mindful of older adult; allow extra time for responses if needed; become comfortable with pauses
- Avoid interrupting, unless necessary for time or redirection
- REMEMBER– they are NOT your parents, you are NOT providing treatment



Getting Started



AIDET Principle

- **Acknowledge** everyone present.
Smile, make eye contact, and be pleasant
- **Introduce** yourself and your role
- **Duration** - at the start, state how long the visit will be and clarify the length of any assessments
- **Explain** all the processes and procedures so they know what to expect
- **Thank** the older adult (and others) for inviting you into their lives and for their time. Identify any “to do” items and remind them when you will have your next visit.

My Story

- In the first couple of weeks, use “My Story” to get to know your older adult, and establish rapport
- It is okay to use self-disclosure



My Story

- My full name is:
- Things I'd like you to know about me
- My loved ones are:
- My job/career is/was:
- My favorite music/song is:
- My favorite TV show is:
- My hobbies/interests are:
- My greatest life accomplishment is:
- I am happiest when:
- Tell us about how COVID-19 impacted you:

Asking Beautiful Questions

What are they?

“A Beautiful Question opens a shared path of discovery, by asking an open-ended question with no right or wrong answer” (TimeSlips, 2020)

How do I ask them?

“I have a Beautiful Question— would you like to hear it? There is no wrong or right answer—you can answer any way you like.” (TimeSlips, 2020)

- What is something you treasure in your home? Why?
- What kind of food makes you happy?
- What is a place with special meaning for you?
- Who is someone you're grateful for? Why?
- What gift would you give the next generation?
- What is courage to you?
- How do you show courage in your everyday life?
- Who in your life do you see as courageous?
- What is something about life that puzzles you?
- What is something you've learned in life?
- What is something you could teach another person?
- What is something you would like to learn?
- What is a song with meaning for you?
- What sounds do you associate with your home?
- What sounds do you associate with being in nature?
- What smells make you happy?
- What is something in nature that brings you joy?
- What feeling are you feeling right now?
- What is something you are proud of in your life?

Housing Sites Presentation

Karina Barragan

Kiara Carvelli

Keck School of Medicine of **USC**

Geriatric Healthcare Collective

TELACU Residential Management, Inc.

TELACU's History

Founded in 1968

Chartered as a Community Development Corporation (CDC), TELACU was initially funded through federal legislation authored by Senators Robert F. Kennedy and Jacob K. Javits to revitalize urban, underserved communities throughout the United States.

The TELACU Model is based upon the belief that there is no more viable business venture than one that is economically sound, enhances the community, and positively impacts people's lives.



TELACU's

A pioneering institution committed to service, empowerment, advancement, and the creation of self-sufficiency.

TELACU Vistas del Sol



TELACU Vistas del Sol Site
serves 38 Males, and
81 Female residents

TELACU Vistas del Sol – Demographics

- TELACU Vistas Del Sol has four (4) on-site staff
- Rosa Madera, Resident Services Coordinator
- One (1) Resident Manager lives on-site
- Two (2) Building Maintenance
- Property has 100 units
- 119 Residents

Activities of Daily Living / Instrumental Activities of Daily Living

40 Residents with No ADLs
or IADLs Reported = 33.6 %

44 Residents with IADLs
Only = 37.0 %

TELACU Pointe



TELACU Pointe Site serves
31 Males, and
72 Female residents

TELACU Pointe – Demographics

- TELACU Pointe has three (3) on-site staff
- Mario Melendez, Resident Services Coordinator
- One (1) Resident Manager lives on-site
- One (1) Building Maintenance
- Property has 84 units
- 103 Residents

Activities of Daily Living / Instrumental Activities of Daily Living

16 Residents with No ADLs
or IADLs Reported = 15.5 %

68 Residents with IADLs
Only = 66.0 %

Menorah Housing Foundation



Mission

Menorah Housing Foundation develops and manages high-quality affordable apartments with supportive services for very low-income persons aged 62 years or older. Menorah Housing Foundation serves more than 1,500 residents in eighteen buildings geographically dispersed throughout Los Angeles County and enables them to live safely and with dignity in their communities.

About Menorah Housing Foundation

- Number of Apartments = 1,221
- Number of Residents = 1,500
- Average Resident Age = 81
- Average building size = 70 units
- Tenants are age 62+, earning < 50% AMI
- Average Tenant Income = \$13,500 per year
- Tenants pay 30% of their income toward rent
- Average Monthly Rent Payment = \$240
- Formerly homeless tenants = Approx. 10%



Team Discussion and Conclusion

Questions



Thank you for attending